



I am pleased to make a gift

My gift of \$ _____ is enclosed
Please credit/debit my card in the amount of \$ _____

GIVING LEVELS

- \$250-499 ATHENA FRIEND
- \$500-999 ATHENA CIRCLE
- \$1000+ ATHENA SOCIETY

I pledge a total of \$ _____
 Please bill me at the address below
 Please credit/debit my card
 To be paid: monthly quarterly yearly
 Beginning: Month _____ Year _____

Credit card type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit card number			
Authorized signature			Expiration date ____ / ____

My gift will be matched by _____ (company/family/foundation)
 form enclosed form will be forwarded

I would like to donate an in-kind gift of:

Web development Printing Design Grant writing Research
 Other _____

____ I wish to have my gift remain anonymous

Signature(s)	
Date	
Name	
Billing address	
City	
State	
Zip Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Please make checks, corporate matches, or other gifts payable to:

ATHENA International
70 East Lake Street
Suite 1220
Chicago, IL 60601

Thank You For Your Gift!